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APPLICANTS

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** CONTINUING DATA ***** AY

This application is a 371 of PCT/CH03/00247 04/14/2003

** FOREIGN APPLICATIONS ***** AY

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 08/17/2006

Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no	STATE OR COUNTRY SWITZERLAND	SHEETS DRAWING 4	TOTAL CLAIMS 33	INDEPENDENT CLAIMS 1
35 USC 119 (a-d) conditions <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met				
Verified and Acknowledged <u>Allowance</u> Examiner's Signature <u>AY</u> Initials				

ADDRESS

51832

TITLE

Intervertebral implant

FILING FEE RECEIVED 1810	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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